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SERIAL NUMBER 10/018,615	FILING OR 371(c) DATE 03/11/2002 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. FIT-10202/29
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APPLICANTS

William R. Fitz, Columbus, OH;

**** CONTINUING DATA *******

This application is a 371 of PCT/US00/00544 01/10/2000
 which is a CON of 09/336,241 06/18/1999 PAT 6,314,325
 which is a CIP of 09/056,216 04/07/1998 PAT 6,014,588

**** FOREIGN APPLICATIONS *********** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

NERVE STIMULATION METHOD AND APPARATUS FOR PAIN RELIEF

FILING FEE RECEIVED 368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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